

Mailing Address:
2240 Lakeshore Dr.
New Orleans, LA 70122
504-284-7678

PEOPLE PROGRAM
Fall 2022 Member Registration Form
& Liability Waiver

Registering for:
West Bank _____
Lakeshore _____
Online by Zoom _____

To Submit your Registration Form: *bring to either location, mail to the address above, or simply email to register@peopleprogram.org*

Classes will be filled on a first-come, first-served basis (date & time stamped by staff upon receipt).
Registration is not complete until payment is received by check or card payment by phone.

Name: Mr. / Mrs. / Ms. _____ First: _____ Last: _____

Mailing Address _____

City _____ State _____ Zip: _____

Phone (_____) _____ E-mail address _____

Payment:

\$200/semester Unlimited Onsite & Zoom Classes OR \$150 /semester Zoom Only

- My check (payable to People Program) is attached to this form
 I will call the office at 504-284-7678 & pay using my credit or debit card (do NOT write card here)

<u>Demographics</u> (Requested by grantors)		<u>*Emergency Contact* Required</u>	
Birth date _____ / _____ / _____ (Month) (Day) (Year)		Name _____	
Male _____ Female _____		Relationship _____	
Single _____		Phone (_____) _____	
Married _____			
Widowed _____			
African-American _____		<u>*Liability Waiver* Required</u>	
Asian _____		_____ I have read the attached Liability Waiver	
Hispanic/Latino _____		(Initials)	
Native American _____		<u>*Member Status*</u> : (circle one) <u>New</u> or <u>Renewing</u>	
Caucasian _____			
Other _____			

Permission:

I give permission to People Program to list my contact info in the member directory Y / N

I give permission to People Program to use my image and video for promotional use Y / N

If you are NOT currently teaching, would you consider being a teacher in the future? Y / N

If yes, what class would you like to teach? _____

If you are new to the PP, how did you hear about us? _____

FOR OFFICE USE ONLY Date & Time Received: _____ Staff's Initials: _____

Paid: \$200 All Onsite & Virtual Classes // \$150 Zoom-Only / Other: _____

Check / Debit or Credit Machine / Staff PayPal Check #: _____